



Traditional and Safety Net Provider as Primary Care Physician Report for Calendar Year 2004

Section 12693.37 of the California Insurance Code requires the Managed Risk Medical Insurance Board (MRMIB) to provide subscribers a choice among a "*reasonable number and types of competing health plans*." In selecting health plans, MRMIB is instructed to take reasonable steps to assure that the range of choices available to each subscriber includes plans that have contracted with Traditional and Safety Net (T&SN) providers for inclusion in their networks. The California Insurance Code further requires plans to submit to MRMIB an annual report on the number of subscribers who selected T&SN providers as their primary care physician during the previous calendar year. This report summarizes the information provided by participating health plans for subscribers enrolled during calendar year 2004.

BACKGROUND

MRMIB has defined T&SN providers as providers who belong to at least one of three categories of providers who have historically served uninsured children. The definition was the result of extensive public discourse on how best to define T&SN providers of the HFP eligible population. The three categories of providers are defined in the California Code of Regulations, Section 2699.6805, paraphrased as follows:

- 1) Providers, except clinical laboratories, participating in the Child Health Disability Prevention (CHDP) Program that provided service to an uninsured child.
- 2) Clinics, including community clinics, free clinics, rural health clinics, and county owned and operated clinics that provided service to at least one child enrolled in the Medi-Cal program.
- 3) Hospitals designated by the Department of Health Services as a "disproportionate share hospital," university teaching hospitals, children's hospitals, and county owned and operated general acute care hospitals.

Each year a list of T&SN providers is generated using this definition. The primary use of the list is to designate a Community Provider Plan (CPP) in each county. The CPP is the health plan in each county that has done the best job of including T&SN providers in its provider network. Subscribers who select the CPP are offered a premium discount of \$3 per child per month. This discount reflects policy makers' interest in providing an incentive for subscribers to give special consideration to the health plan with the highest percentage of T&SN providers in its network.

The 2004 T&SN listing was used to designate the CPP in each county for the 2005-06 benefit year. (Refer to Exhibit A on page 9 for the 2005-06 CPP listing.)

REPORT METHODOLOGY

Consistent with the provisions of California Insurance Code Section 12693.37, MRMIB requested all HFP health plans to report the number of HFP children who had a T&SN provider as their primary care physician during calendar year 2004. The health plans also indicated whether the T&SN primary care physician was assigned by the health plan or selected by the applicant.

MRMIB linked the health plans' data with data collected from the subscriber's original application or their annual eligibility review to add information related to ethnicity of the members, the primary language of the applicant (usually a parent), and family income level.

FINDINGS

Overall Findings

- ◆ *The percentage of HFP members receiving primary care from a T&SN provider remained the same (62 percent) for the HFP as a whole when compared with 2002 results. (See Table 1 on page 4.)*
- ◆ *Members continue to choose T&SN providers for primary care, and some significant shifting has occurred throughout California. Blue Cross HMO, which represents a large segment of HFP members, reports an overall increase from 68 to 71 percent, from 2002 to 2004.*
- ◆ *Like past reports, this report likely underreports utilization of T&SN providers because T&SN providers often provide services beyond primary care which is not captured in this report.*

Table 1 on the following page presents the percentage of subscribers that had T&SN providers as their primary care physician for calendar years 2004, 2002 and 2001 by health plan.

**Table 1: T&SN Utilization Reported
For Three Years**

Health Plan	2004	2002	2001
Alameda Alliance For Health	100%	100%	90%
Blue Cross - HMO	71%	68%	79%
Blue Shield - HMO	7%	40%	14%
CalOptima	38%	42%	48%
Care 1st Health Plan	29%	81%	100%
Central Coast Alliance for Hlth	77%	63%	46%
Community Health Group	52%	49%	49%
Community Health Plan	69%	72%	65%
Contra Costa Health Plan	85%	90%	99%
Health Net of California	NR	24%	31%
Health Plan of San Joaquin	72%	58%	93%
Health Plan of San Mateo	97%	99%	72%
Inland Empire Health Plan	100%	100%	100%
Kern Family Health Care	100%	100%	100%
Molina	47%	66%	65%
San Francisco Health Plan	100%	100%	100%
Santa Barbara Reg Health Auth	100%	97%	96%
Santa Clara Family Health Plan	82%	80%	84%
Sharp Health Plan	72%	73%	86%
UHP Health Care	12%	58%	44%
Universal Care	48%	63%	54%
Ventura County Health Plan	96%	92%	94%
Program-wide Average For Plans That Use A Primary Care Physician Model	62%	62%	61%

Note: No report was prepared for calendar year 2003.

Findings from the Plans' Data Submissions

Out of twenty-seven health plans that participated in the HFP during this report period, twenty-one were included in this report. These plans represent approximately 47 percent of the total HFP enrollment for the 2004 Calendar Year. The plans excluded were:

- Kaiser North and Kaiser South, because they have a closed system and do not usually contract with T&SN providers;
- Blue Cross-EPO, Blue Shield-EPO, and Health Net Life-EPO, because these plans do not use a primary care physician model; and
- Health Net HMO, because they were unable to capture the data for 2004. They have now hired a consultant to work on T&SN issues.

Additionally, some plans provided information about factors that have impacted utilization and data capture related to T&SN providers since 2002. Some of this information is as follows:

- ✓ Blue Cross (HMO) made enhancements to their system for capturing these data between 2002 and 2004. They reported an increase, (68 to 71 percent) in T&SN provider utilization from 2002 to 2004.
- ✓ CalOptima makes fewer auto-assignments to primary care providers than in previous years. If a new member does not choose a primary care provider, CalOptima contacts the member to assist them in making a choice. Many members are choosing to receive care from providers who are not T&SN providers. When the plan made more auto-assignments, the plan often chose T&SN providers for the member.
- ✓ Health Plan of San Joaquin notes that changes in procedures related to auto-assignment have improved member access to T&SN providers. They currently automatically assign 50-75 percent of their new members. There has been a conversion of their data processing system since 2001, resulting in more accurate reporting.
- ✓ Health Plan of San Mateo stated there has been no change in processing data or new member assignment to a primary care physician. Their membership is relatively small, less than 3,300 for 2005. Most members are seen at county clinics.
- ✓ Molina Healthcare's data shows a decrease from 66 to 47 percent for its 20,000 members in 2004. This shift in proportions is likely a result of the significant increase in membership over 2002 levels (a more than 60% increase).
- ✓ Sharp Health Plan stated there had been a change in the process for assigning new members to a primary care provider. Members were selecting non-TS&N providers more often for their primary care. In particular there was an increase in members selecting two non-T&SN providers, Sharp Rees Stealy and Sharp Mission Park.
- ✓ UHP Health Care conveyed that the primary reason for the decrease was a change in 2004 in which they used different methods to capture the data.
- ✓ Universal Health Care determined their decreases were based on two factors, 1) they now have a bigger network of providers, offering more choice for their members. Members are choosing to receive their primary care from larger medical group providers, and 2) it is becoming increasingly difficult to define T&SN providers, because the same physician often provides care in more than one setting, sometimes in a T&SN setting and other times not.

HFP Subscribers Selecting a T&SN Primary Care Physician Compared to Subscribers Who Were Assigned to a T&SN Primary Care Physician

The HFP application provides an opportunity for applicants to select their child's primary care provider. Administrative policies among plans vary in terms of assignment and/or selection of a primary care physician. Certain plans require subscribers to select a primary care provider while others automatically assign a primary care provider. If the applicant specifies a primary care provider, this information is forwarded to the health plan by the HFP administrative vendor.

It should be noted that while some health plans may assign primary care physicians to subscribers who did not select one at the time of enrollment, subscribers are allowed to select a new primary care physician on a monthly basis.

As reported by the plans and shown in Table 2 below, 82 percent of HFP members with a T&SN primary care physician selected their own primary care physician.

Table 2 compares the percentage of subscribers who selected a T&SN provider to those who were assigned a T&SN provider in 2004.

**Table 2: Subscribers Assigned Compared
With Subscribers Who Selected a T&SN Provider**

Health Plan	Assigned	Selected
Alameda Alliance for Health	16%	84%
Blue Cross – HMO	1%	99%
Blue Shield – HMO	100%	0%
CalOptima	1%	99%
Care1st Health Plan	57%	43%
Central Coast Alliance for Health	76%	24%
Community Health Group	55%	45%
Community Health Plan	38%	62%
Contra Costa Health	0%	100%
Health Plan of San Joaquin	29%	71%
Health Plan of San Mateo	17%	83%
Inland Empire Health Plan	7%	93%
Kern Health Systems	24%	76%
Molina	30%	70%
San Francisco Health Plan	66%	34%
Santa Barbara Reg. Health Auth.	0%	100%
Santa Clara Family Health	0%	100%
Sharp Health Plan	40%	60%
UHP Health	48%	52%
Universal Care	56%	44%
Ventura County Health System	48%	52%
Program-wide Average for Plans that Use a Primary Care Physician Model	18%	82%

SUBSCRIBER DEMOGRAPHICS

Members Served by a T&SN Primary Care Physician by Ethnicity

Table 3A displays the percentage of children within each major ethnic category that have a T&SN provider as their primary care physician. There has been little change in these percentages since 2002. Table 3B shows similar data for all HFP members with little change in percentages since 2002.

**Table 3A: Ethnicity of Members
With T&SN Providers**

Ethnicity	% With T&SN Provider 2004	% With T&SN Provider 2002
Hispanic / Latino	64%	64%
Asian/Pacific Islander	64%	63%
White	54%	54%
African American	60%	56%
American Indian/ Alaskan Native	53%	51%
Other	56%	*
Did Not Identify	61%	*

*Note: Other and Did Not Identify Categories were combined on the 2002 Report with 60 percent reported with T&SN providers

Table 3B: Ethnicity of All HFP Members

Ethnicity	% Of All Reported Members 2004	% Of All Reported Members 2002
Hispanic/Latino	63%	63%
Asian/Pacific Islander	12%	16%
White	14%	9%
African American	2%	2%
American Indian/ Alaskan Native	<1%	<1%
Other/ Did Not Identify	8%	9%

Enrollment as of December 31, 2004

Members With A T&SN Primary Care Physician By Language

Tables 4A and 4B present data on the percentage of children that have a T&SN provider as their primary care physician by primary language of the applicant. These percentages have remained somewhat constant, except for Korean-speaking subscribers. [Based on other indicators of improved reporting by plans, MRMIB surmises the data on Korean speaking subscribers were likely overstated for 2002.]

**Table 4A: Primary Language
Of Members with T&SN Providers**

Primary Language Of Applicant	% With T&SN Provider 2004	% With T&SN Provider 2002
Chinese Languages*	69%	67%
Spanish	65%	65%
Korean	63%	73%
Vietnamese	64%	60%
English	59%	57%
Other Language Categories	65%	62%

*Chinese, Cantonese or Mandarin

Twenty-three (23) languages are included in "Other Language Categories".

Table 4B: Primary Language of HFP Members

Primary Language Of Applicant	% Of All Reported Members 2004	% Of All Reported Members 2002
Chinese Languages*	3%	5%
Spanish	45%	52%
Korean	2%	3%
Vietnamese	2%	3%
English	46%	35%
Other Language Categories	2%	2%

*Chinese, Cantonese or Mandarin

Twenty-three (23) languages are included in "Other Language Categories".

Members with a T&SN Primary Care Physician by Household Income Level

Families eligible for the HFP have household incomes between 100-250% of the Federal Poverty Level.

Tables 5A and 5B on the next page present data on the percentage of children by Federal Poverty Level (FPL) that have a T&SN provider as their primary care physician.

Table 5A: Household Income Levels for Members with T&SN Providers

Percent FPL	% With T&SN Provider 2004	% With T&SN Provider 2002
100% -- 150% of FPL	55%	63%
150% -- 200% of FPL	63%	63%
200% -- 250% of FPL	36%	61%

Table 5B: Household Income Levels for HFP

Percent FPL	% Of All Reported Members 2004	% Of All Reported Members 2002
100% -- 150% of FPL	34%	33%
150% -- 200% of FPL	40%	35%
200% -- 250% of FPL	25%	32%
Outside Of Range	1%	N/A

Table 5A shows the percentage of subscribers with T&SN providers reflects a decrease of 8 percent in the low FPL range and a 25 percent decrease in the high range from 2002 to 2004. The middle range percentage remained constant. In looking at shifts in income levels for all HFP subscribers, Table 5B shows no shifting in the lower range of FPL, more HFP subscribers shifted into the middle range and a decrease in the high FPL range.

SUMMARY

For 2004, sixty-two percent of HFP members either selected or were assigned a T&SN primary care physician. This represents a small decrease, approximately one percent from 2002. These overall results likely *under-represent* the involvement of T&SN providers in serving HFP children as they do not account for T&SN providers for the other 47% of HFP enrollment served by Blue Cross – EPO, Blue Shield – EPO, and Health Net Life-EPO networks.

Differences between ethnic groups, primary language groups and income levels do not reveal large variations in provider selection tendencies within the HFP population, though members in the higher FPL's utilize T&SN providers for primary care less often than members whose income is in the lower and middle FPL ranges.

Exhibit A
2005/06 Community Provider
Plan Designations

County	CPP Designated Plan	County	CPP Designated Plan
Alameda	Alameda Alliance for Health	Orange	CalOptima
Alpine	Blue Cross – EPO	Placer	Blue Cross – EPO
Amador	Blue Cross – EPO	Plumas	Blue Cross – EPO
Butte	Blue Cross – EPO	Riverside	Inland Empire Health Plan
Calaveras	Blue Cross – EPO	Sacramento	Blue Cross – HMO
Colusa	Blue Cross – EPO	San Benito	Blue Cross – EPO
Contra Costa	Contra Costa Health Plan	San Bernardino	Inland Empire Health Plan
Del Norte	Blue Cross – EPO	San Diego	Community Health Group
El Dorado	Blue Cross – EPO	San Francisco	San Francisco Health Plan
Fresno	Blue Cross – HMO	San Joaquin	Health Plan of San Joaquin
Glenn	Blue Cross – EPO	San Luis Obispo	Blue Cross – EPO
Humboldt	Blue Cross – EPO	San Mateo	Health Plan of San Mateo
Imperial	Blue Cross – EPO	Santa Barbara	Santa Barbara Regional Health
Inyo	Blue Cross – EPO	Santa Clara	Santa Clara Family Health Plan
Kern	Kern Family Health Care	Santa Cruz	Central Coast Alliance for Health
Kings	Blue Cross – EPO	Shasta	Blue Cross – EPO
Lake	Blue Cross – EPO	Sierra	Blue Cross – EPO
Lassen	Blue Cross – EPO	Siskiyou	Blue Cross – EPO
Los Angeles	Community Health Plan	Solano	Blue Cross – EPO
Madera	Blue Cross – EPO	Sonoma	Blue Cross – EPO
Marin	Blue Cross – EPO	Stanislaus	Blue Cross – EPO
Mariposa	Blue Cross – EPO	Sutter	Blue Cross – EPO
Mendocino	Blue Cross – EPO	Tehama	Blue Cross – EPO
Merced	Blue Cross – EPO	Trinity	Blue Cross – EPO
Modoc	Blue Cross – EPO	Tulare	Blue Cross – EPO
Mono	Blue Cross – EPO	Tuolumne	Blue Cross – EPO
Monterey	Central Coast Alliance for Health	Ventura	Ventura County Health Care Plan
Napa	Health Net – HMO	Yolo	Health Net – HMO
Nevada	Blue Cross – EPO	Yuba	Blue Cross – EPO